

## CHANGE OF ADDRESS REQUEST

OWNER #1 \_\_\_\_\_

1. PARCEL # \_\_\_\_\_

OWNER #2 \_\_\_\_\_

2. PARCEL # \_\_\_\_\_

OWNER #3 \_\_\_\_\_

3. PARCEL # \_\_\_\_\_

☐ CHECK HERE IF THERE ARE  
MORE THAN 3 CO-OWNERS

☐ CHECK HERE IF YOU OWN  
MORE THAN 3 PARCELS

OLD ADDRESS	NO. & STREET		
	CITY	STATE	ZIP
NEW ADDRESS	NO. & STREET		
	CITY	STATE	ZIP

\_\_\_\_\_  
SIGN HERE

\_\_\_\_\_  
DATE

**Please print, fill, and send to the following address:**

☐

**ONEIDA CO. REAL PROPERTY LISTER**

**P.O. BOX 400**

**RHINELANDER, WI 54501-0400**